County: Columbia
DIVINE SAVIOR HEALTHCARE, INC.
PO BOX 387 PORTAGE 53901 Phone: (608) 745-5900
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 105
Total Licensed Bed Capacity (12/31/00): 111
Number of Residents on 12/31/00: 94 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Non-Profit Church Related Skilled No Yes Average Daily Census: 95 94

**************************************	****	<b>34</b> ************************************	*****	******	********	********	*****
Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)				
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No No No No No No No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org. /Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular	0. 0 28. 7 0. 0 0. 0 0. 0 6. 4 19. 1 23. 4	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	0. 0 2. 1 47. 9 37. 2 12. 8	Less Than 1 Year 1 - 4 Years More Than 4 Years  ***************************  Full-Time Equivale Nursing Staff per 100 R (12/31/00)	
Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No No Yes No	Cerebrovascul ar Di abetes Respi ratory Other Medical Conditions	3. 2 9. 6 7. 4 2. 1  100. 0	Sex Male Female	26. 6 73. 4  100. 0	RNs LPNs Nursing Assistants Aides & Orderlies	9. 9 12. 0 38. 4

## Method of Reimbursement

		Medi (Ti tl	care e 18)		Medio (Title			0th	er	P	ri vate	Pay		Manageo	d Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	10	100. 0	\$305. 21	69	100. 0	\$102.61	Ŏ	0. 0	\$0.00	15		\$140.00	Ŏ	0. 0	\$0.00	94	100. 0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	10	100.0		69	100. 0		0	0.0		15	100.0		0	0.0		94	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00							
beachs builing hepoteting ferrou		\		% N	eedi ng		Total		
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of		
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent		Two Staff	Dependent	Resi dents		
Private Home/With Home Health	3. 7	Bathing	6. 4		74. 5	19. 1	94		
Other Nursing Homes	2.8	Dressi ng	11. 7		72. 3	16. 0	94		
Acute Care Hospitals	82. 2	Transferri ng	8. 5		68. 1	23. 4	94		
Psych. Hosp MR/DD Facilities	0. 0	Toilet Use	6. 4		63. 8	29. 8	94		
Rehabilitation Hospitals	0. 0		12. 8		70. 2	17. 0	94 94		
		Eating	12. O *******	*******	/U. & ********	17. U	94 *******		
Other Locations	11. 2	C		0/ 6		±	0/		
Total Number of Admissions	107	Continence	-1 C-+1-+		pecial Trea		% 0 4		
Percent Discharges To:		Indwelling Or Externa		3. 2	Recei vi ng	Respiratory Care	6. 4		
Private Home/No Home Health	0.0	Occ/Freq. Incontinent		69. 1	Recei vi ng	Tracheostomy Care	0. 0		
Private Home/With Home Health	19. 3	Occ/Freq. Incontinent	t of Bowel	33. 0	Recei vi ng	Suctioning	0. 0		
Other Nursing Homes	0. 9					Ostomy Care	2. 1		
Acute Care Hospitals	16. 5	Mobility				Tube Feeding	1. 1		
Psych. HospMR/DD Facilities	0. 0	Physically Restraine	d	10. 6	Recei vi ng	Mechanically Altered Die	ts 66.0		
Reĥabilitation Hospitals	0. 0					·			
Other Locations	30. 3	Skin Care		0	ther Reside	nt Characteristics			
Deaths	33. 0	With Pressure Sores		6. 4	Have Advan	ce Directives	100. 0		
Total Number of Discharges		With Rashes		3. 2 M	ledi cati ons				
(Including Deaths)	109				Recei vi ng	Psychoactive Drugs	33. 0		
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	Thi s	Other Hospital-		11	
	Facility	Based Facilities	Facilties		
	%	% Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	85. 6	87. 5 0. 98	84. 5	1.01	
Current Residents from In-County	86. 2	83. 6 1. 03	77. 5	1. 11	
Admissions from In-County, Still Residing	26. 2	14. 5 1. 81	21. 5	1. 22	
Admi ssi ons/Average Daily Census	112. 6	194. 5 0. 58	124. 3	0. 91	
Discharges/Average Daily Census	114. 7	199. 6 0. 57	126. 1	0. 91	
Discharges To Private Residence/Average Daily Census	22. 1	102. 6 0. 22	49. 9	0.44	
Residents Receiving Skilled Care	100. 0	91. 2 1. 10	83. 3	1. 20	
Residents Aged 65 and Older	100. 0	91. 8 1. 09	87. 7	1.14	
Title 19 (Medicaid) Funded Residents	73. 4	66. 7 1. 10	69. 0	1.06	
Private Pay Funded Residents	16. 0	23. 3 0. 68	22. 6	0.71	
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6	0.00	
Mentally Ill Residents	28. 7	30. 6 0. 94	33. 3	0.86	
General Medical Service Residents	2. 1	19. 2 0. 11	18. 4	0. 12	
Impaired ADL (Mean)*	<b>56.</b> 0	51. 6 1. 08	49. 4	1. 13	
Psychological Problems	33. 0	52. 8 0. 62	50. 1	0.66	
Nursing Care Required (Mean)*	10. 6	7. 8 1. 37	7. 2	1.49	